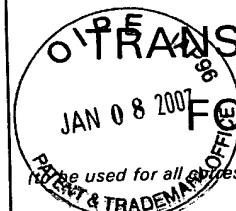


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|------------------------|--|
|  <p>PTO/SB/21 JAN 08 2007 U.S. PATENT & TRADEMARK OFFICE Please use for all correspondence after initial filing</p> | | Application Number | 10/523,454 |
| | | Filing Date | with an effective filing date of July 28, 2003 |
| | | First Named Inventor | Augustinus BADER |
| | | Group Art Unit | 1651 |
| | | Examiner Name | Allison M. FORD |
| Total No. of Pages in this Submission: 15 | | Attorney Docket Number | HEUBEN P03AUS (formerly LORWER P33AUS) |

| | | | |
|--|---|--|---|
| ENCLOSURES (check all that apply) | | | |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <ul style="list-style-type: none"> <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <ul style="list-style-type: none"> <input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <ul style="list-style-type: none"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard RCE - 1pg(+ dupl.) | |
| | | | <input type="checkbox"/> Assignment papers (for an Application) |
| | | | <input type="checkbox"/> Drawing(s) |
| | | | <input type="checkbox"/> Licensing-related Papers |
| | | | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) |
| | | | <input type="checkbox"/> To Convert a Provisional Petition |
| | | | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address |
| | | | <input type="checkbox"/> Terminal Disclaimer |
| | | | <input type="checkbox"/> Small Entity Statement |
| | | | <input type="checkbox"/> Request for Refund |

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|---|--|
| Firm or Individual Name | Scott A. Daniels DAVIS & BUJOLD, P.L.L.C. | Reg. No. 42,462 CUSTOMER NO. 020210 |
| Signature |  | |
| Date | January 3, 2007 | |

CERTIFICATE OF MAILING

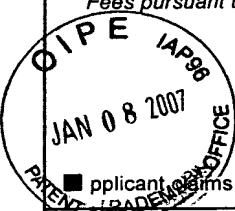
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 3, 2007.

| | |
|-----------------------------|---|
| Type or printed name | Scott A. Daniels |
| Signature |  |
| Date: January 3, 2007 (tac) | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$620

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/523,454
with an effective filing date of
July 28, 2003
Augustinus BADER
Allison M. FORD
1651

Attorney Docket No.

HEUBEN P03AUS

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|--------------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

| | |
|------------------------|---------------------|
| <u>Fee Description</u> | <u>Small Entity</u> |
|------------------------|---------------------|

Each claim over 20 (including Reissues)

Fee (\$)Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|

-20 or HP = _____ x _____ = _____

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|

-3 or HP + _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|--|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>No. of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|--|-----------------|----------------------|

-100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Extension of Time (2 months)

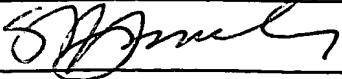
\$225

RCE

\$395

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|----------------------|---|---|--------------------------|
| Signature |  | Registration No. (Atty/Agent) 42,462 | Telephone (603) 226-7490 |
| Name (Print/Type) | Scott A. Daniels | | Date January 3, 2007 |